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item

OCCUPA

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth?yrs. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) us le 5a. If married, widowed, or divorced HUSBAND of ERTIFY, That I attended deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Davs If LESS than to have occurred on the date stated above, at __ 1 day.____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. were as follows: 8. Trade, profession, or particular UPATION kind of work done, as SPINNER, A back 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc..... 10: Date deceased last worked at this occupation (month and 11. Total time (years spent in this occupation instructions Other Contributory Canses of importance: 12. BIRTHPLACE (city or town) (State or country) Lan FATHER 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? MOTHER 15. MAIDEN NAME important. 23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?_____ Date of Injury______ 19 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE. very (Address) 18. BURIAL, CREMATION, DR REMOVAL Manner of injury Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Addiess) If so, specify

Date of onset

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JAN 5 1938	July 5, 1927	Peritonitis	3 days ago
SUREAU V S.			
Other contributory causes of importance:	P	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	

RD. Every item of infor-YSICIANS should state statement of OCCUPA-

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECOmation should be carefully supplied. AGE should be stated EXACTLY. PH CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact TION is very important. See instructions on back of certificate.	ECO 3	PH	xact	
PLAINLY, WITH UNFADING INK—THIS IS A PER hould be carefully supplied. AGE should be stated E OF DEATH in plain terms, so that it may be properly very important. See instructions on back of certificate.	MANENT I	XACTLY.	lassified. E	
PLAINLY, WITH UNFADING INK—THIS hould be carefully supplied. AGE should be OF DEATH in plain terms, so that it may be very important. See instructions on back of	IS A PER	stated E	properly o	certificate.
PLAINLY, WITH UNFADING INK—Thould be carefully supplied. AGE should OF DEATH in plain terms, so that it may very important. See instructions on back	HIS	be	pe	Jo
TRITE STION STUSE ON is	RITE PLAINLY, WITH UNFADING INK-TI	tion should be carefully supplied. AGE should	USE OF DEATH in plain terms, so that it may	ON is very important. See instructions on back

STATE OF MA	RYLAND-	CERTIFICATE OF DEATH	74
1. PLACE OF DEATH			2
County Cecil County		Registration Dist. No. 76	
Village or City Port Deposit,		No. R. F. D. St., Md. of death occurred in a horpital or institution, give its NAME instead of street and number	Ward
Length of rasidence in city or town where death occurred_	32 yrs mos	sds. How long in U.S. if of foreign birth?yrsmos	er) ds.
2. FULL NAME Arthur D. Bake	r	If U. S. Veteran, specify WAR	
(a) Residence: No. Port Deposit	ace of abode)	St., Md Ward. R.F.D. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PAR	TICULARS	MEDICAL CERTIFICATE OF DEATH	
Male 4. COLOR OR RACE 5. SINGLE, MORE STATE	ARRIED, WIDOWED,		37 (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attanded dacea did not attend to to the did not attendation to the did not attend to the did not atte	
6. DATE OF BIRTH (month, day, end year) June 27	1905	1 last saw h alive on, 19; dea	
7. AGE Years Months Days	If LESS than I day,hrs.	to have occurred on the date stated above, at3:45_mP. M.	
32 5 4	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	te of onset
8: Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	nivon	Compound fracture at the	
9. Industry or business in which	TTAGE	base of the skull with cerebral hemmorrhage	
work was done, as SILK MILL, SAW MILL, BANK, etc		Cerebral Hemmorrhage	
10. Date deceased last worked at this occupation month and 1937	al time (years) spant in this / O occupation		
12. BIRTHPLACE (city or town) Maryland (State or country)		Dther Contributory Causes of importanca:	
E 13. NAME Harry Baker			
13. NAME Harry Baker 14. BIRTHPLACE (city or town) Maryland (State or country)		Name of operation Date of What test confirmed diagnosis? Autopsy Was there an autops	yes
15. MAIDEN NAME May Ola Wier		23. If death was due to external causes (VIOL ENCE) fill in also the following:	
15. MAIDEN NAME May Ola Wier 16. BIRTHPLACE (city or town) Maryland (State or country)	L	Accident, suicide, or homicide homicide Date of Injury 11,2] Where did injury occur? Part Deposit Md.	19.37
17. INFORMANT Harry Baker (Address) Port Deposit.		(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. On the street of Port Deposit	
18. BURIAL, EREMATION, OF REMOVAL Place Control of Cont	el. 5 1937.	Mannar of injury Blow to the left side of Nature of Injury fractured skull	head
19. UNDERTAKES LINE: Palterson (Address) Perpularitas, a C	W. 1	24. Was disease or injury in any way related to occupation of deceased? 10.	
20. FILED 12-4 45 The JI DOL	releis. Registrar.	(Signed) / Signed MA) (Address) Rising Sun, Md.	Corner)
		,	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "opcrative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 0, 1927	Peritonitis	3 days ago
JAN 5 Day	5. \		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE O	F MARYLAND—	CERTIFICATE	OF DEA	IH 1	2875
1. PLACE OF DEATH	. 0	9461		91	
County	10-1		Registration	Dist. No.)
Village or City ()	Vefore (II	death occurred in a hospital or institu	ition, give its NAMI	St., E instead of street and	ward number)
Length of residence in city of town where de	eath occurredyrsmos	ds. How long In U.S. if	of foreign birth?	yrsr	nosds.
2. FULL NAME / 20	ule sol	salver.			
(a) Residence: No.	(Usual place of abode)	SAZZ Ward.	If nonresident	give city or town an	d State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL C	ERTIFICATE	OF DEATH	
Male Mule	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Grite the word)	21. DATE OF DEATH	/o2 (Month)	3/ (Day)	, 193 (Year)
5a. If married, widowed or divorced HUSBAND of	0 1			,	(1001)
(or) WIFE of other MIC	is Baker.	22. NO HEREBY		Y, That I attended	dacaased from
47	1 8-1876	I last saw h alive on	79 L. V, 10 C		death is sald
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months	Days If LESS than	to have occurred on the date state	ad above at Es	a m	; geath is said
6/ 7	23 lday,hrs.	The PRINCIPAL CAUSE OF DEA' were as follows:		es of importance	Date of onset
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	70	Cen	e		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	nuo	Con	na	4	1431-3
9. Industry or business in which work was done, as SILA MILL SAW MILL BANK, etc.	ross Home	Thor	molo	aco	
O this occupation (month and	11. Total time (years) spent in this	1			
year)	occupation	Other Contributory Causes of imp	ortance:		
12. BIRTHPLACE (city or town) (State or country)	uls to md.				**
II 13. NAME CINCLY	VX Balas				
13. NAME (city or cown)	Laour	Name of operation		Date of	
(State or country)	I ma.	What test confirmed diagnosis?		Was thera an	autopsy?
IS. MAIDEN NAMES and C	ha Danne	23. If death was due to external ca	uses (VIOL ENCE) fi	il in also the followi	ng:
15. MAIDEN NAME COLOR COLOR OF TOWN OF THE COLOR OF TOWN OF TOWN OF THE COLOR OF TOWN OF THE COLOR OF THE COL	sund,	Accident, suicide, or homicide?	~~	Date of injury	19
(State or country)	my.	Where did injury occur?			
17. INFORMANT Atture (Address Annua)	Bafaly	Specify whather injury occurred i	(Specify city or in INDUSTRY, in HC	town, county and St DME, or in PUBLIC P	ate) LACE.
18. BURIAL SREMATION, OR REMOVAL	1 - 1/101.	Manner of injury			~~
Comafrio	Date 6 - 1 , 1938	Nature of injury			
19. UNDERTAKER S. QUIC	ellerson.	24. Was diseasa or injury in any v	way related to occup	ation of deceased?	w
(Address)	file ma.	If so, specify	Jarola 1	MACE	mul
20. FILED 731 , 1937 OT	Daules Registrar.	(Signed) (Address)	Len	9 Din	ma.
1 1 10	U. L. S. D.	N 01 1 C P.L.	- 91 C N		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write honsewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	-11	Example II	
The principal cause of death and related causes of importance were as follows:	Data of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	V915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 345 5	1321	Run over by street car	1 week ago
Cerebral hemorrhage	9 Iuly 1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA-

STATE OF MARYLAND	CERTIFICATE OF DEATH 12876
1. PLACE OF DEATH	
County Cecil	Registration Dist. No. 9/
Village or City Chesapeake City	NoSt.,Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sarah C Boots	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) White Under deviced	21. DATE OF DEATH (Month) (Day) (Tear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Herry Boots	22. I HEREBY CERTIFY. Thet I ettended deceased from
6. DATE OF BIRTH (month, day, and yeer) Turay 8 1856	I last saw h_ elive on dec. 19, 1937; death is said
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at
81 7 / = 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wera as tollows:
8. Trede, profession, or particular kind of work dona, as SPINNER, at Worker SAWYER, BOOKKEEPER, atc.	Allinon - Cold
kind ot work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date decaased last worked at this occupation (most) and this occupation (most) and this occupation (most) and	Eputeliana & Chest + time nos 1936
10. Date decaased last worked at this occupation (month and yaar)	
12. BIRTHPLACE (city or town) Sauge (Stata or country)	Other Coatributory Causes of Importance:
13. NAME David Clifton 14. BIRTHPLACE (city or town). (Stata or country)	Name of operation. Mol Date of
15. MAIOEN NAME we information	23. It death was dua to axternal causas (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) 20 Conding (State or country)	Accident, suicide, or homicide? Dete_of injury, 19
17. INFORMANT Charles Books (Address) Nothingham Pa	(Specify city or town, county and State) Specity whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Ford La Date Dec 23 1937	Manner of injury
19. UNDERTAKER 77. W.P. J. L. (Address) FIKTOW 21.	24. Was disease or Injury In any way related to occupation of deceased?
20 5115D 12/22 1037 B. H. Brown	(Signed) New York

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1	!	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 2.	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 3	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1	MARGIN	MARGIN RESERVED FOR BINDING	FOR	BINDING	
N. B.—WRITE PL. LY, W. UNFADING INK—THIS IS A PERMANENT	UNFADIN	NG INK-THI	S IS A	PERMANENT	1
mation should be carefully supplied. AGE should be stated EXACTLY	supplied.	AGE should b	e stated	EXACTL	1
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exa	in terms, so	that it may b	proper	ly classified.	Exa
TION is now important Coo inctemations on Last of soutification	Too imortance	of the state of	C. Dontife	**	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12877
1. PLACE OF DEATH	(B)
County Leef a WITHIN CORPORATE LIMITS OF	Registration Dist. No. 92
Village or City Celeton	No. Union Hospitalst. Ward
Length of residence in city or town where death occurredyrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign wirth?
2. FULL NAME	iown.
(a) Residence: No.	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Black 5. SINGLE, MARRIED, WIDOWED, OR DIVERCED (write the word)	21. DATE OF DEATH Secenter 26, 193 7, (Month) (Day)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
No 2 10 10 3 3	Le 14, 19, to been 26, 1937
6. DATE OF BIRTH (month, day, and year) December 26 -1937	I last saw h; deeth is said
7. AGE Years Months Days If LEGS than 1 day,	to have occurred on the date stated above, at
ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month end year)	
12. BIRTHPLACE (city or town Union Harpets) (State or country)	Other Contributory Causes of importance:
Little Hard	
E Davidson	D. J.
14. BIRTHPLACE (city or town) Marylaefd (State or country)	Name of operation. See Date of Landate of La
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Cella Christique Grow	23. If death was due to external causes (VIOLENCE) fill in also the following:
o 16. BIRTHPLACE (city or town) Maleyland	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Colorard Dolsey (Address) Water Co Med	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Folt and Combing Date 12/27/ 1937	Nature of injury
19. UNDERTAKER L. Gester Bariefs (Address) Townson Del	24. Was disease or Injury in any way related to compation of deceased?
20. FILED 2/27 1937 & Frank Frager Registrar.	(Signed) — C
	411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.		HA	
9.—The industry or business in which the work was done.		P	Ö
10.—The month and year the deceased last worked at the occupation.	N		RE

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	1	E Secondole II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy = = =	1 weck ago
Chronic interstitial nephritis JAN 5 1000	1921	Run over by street car & S > F3	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis 2 2 5	3 days ago
BUREAU V S		3 2 8	
		243	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis - 7 7	1 year
		704	
		- 2 5	
		H o A	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12878
1. PLACE OF DEATH	93-2
County	Registration Dist. No.
Village or City and City	No. St., Ward
Length of residence in city or town where death occurred yrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAMELINIE 15 Cly	fens
(a) Residence: No. Earlnute	Sez C. Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4_COLOR OR RACE 5_SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR-DIVORCED (ruffic this word)	(Month) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of the College Colleg	22. I HEREBY CERTIFY, That I altended deceased from
6. DATE OF BIRTH (month, day, and year fruit 1862	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the dale stated above, at \$30 m.
1 day,min,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Z 8. Frade, profession, or particular	Date of onset
kind of work done, as SPINNER Meale	difalalin
D. Tadustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	of reace
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. h. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) occupation occupation	
m/1.	Other Contributory Chases of importance:
12. BIRTHPLACE (cily or town) (State or Country)	Mr 4 Cilles
13. NAME Devil Neglebocks	
13. NAME Security Migletocks 14. BIRTHPLACE (city or town) Date Security (State or country)	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLAČE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following:
O 16. BIRTHPLAČE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT of Chiffens	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Earlie mil;	
18 BURIAL CREMATION OF REMOVAL	Manner of Injury
Date VIII	Nature of injury
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?
(Address) Carilly (Address)	If so, specify
20. FILED CON TO 19.3	(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset ,		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage J N - 1538	July 5, 1927	Peritonitis	3 days ago		
BUREAU V. S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL S	PACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(122-0)
County Ceekn WITHIN CORPORATE LIMIT	Registration Dist. No. 92
Village or City Ellaton & ospital (If	No. Willow Avsp. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of rasidanca in city or town where death occurredyrsmos	ds. How long in U. S. if of foreign birth?mosds.
2. FULL NAME Surrante restant 6 lavi	If U. S. Veteran, specify WAR
(a) Residence: No. Printy (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrige the groot)	21. DATE OF DEATH / & P 193. 7
5a. If married, widowad, or divorced	(Month) (Day) (Yéar)
HUSBAND of Coddie Of a Lauton	22. HEREBY CERTIFY That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) Que 67 1866	I last saw hamaliva on 12 7, 192 2; death is said
7. AGE 79 Years 44 Months 7 Days If LESS than	to have occurred on the date stated above, at MQ_m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca ware, as follows:
A Trade profession or particular	water a follows: Date of onset
kind of work done, as SPINNER, Baccomula	Ohimua of
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	left lung.
10. Data dacased last worked at this occupation (month and spent in this	
this occupation (month and year) 1937. spent in this occupation 50	
12. BIRTHPLACE (city or town)	Other Couts Buttery Causes of importance: Lech
(State or country) Toxil Tox, Mainland	left manual liences
W 13. NAME William Colours	oferated upon
13. NAME (Clelian to Causton) 14. BIRTHPLACE (city or town) Pusing Survey (State or country)	Name of operation Herwitzery Date of 16-30 8
(State or country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Jonas England	23. If daath was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Suran England 16. BIRTHPLACE (city or town) Property Sury	Accident, suicide, or homicide? Date of injury
S (Stata or country)	Where did injury occur?
17. INFORMANT Oddie J. Clayton	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Pytonophreum Mobatedle 12, 1937	Nature of injury
LE Typen-	24. Was diseasa or injury in any way related to occupation of decaased?
19. UNDERTAKER (Addrass)	If so, specify
	(Signed) Clawood Reson M.D.
20. FILED 12/10 , 1971 & Frank Nover	(Address) leaving see ma

N. B.-WRITE PLAINLY,

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

MARGIN RESERVED FOR BINDING

properly classified.

ation should be carefully supplied. AGE should be USE OF DEATH in plain terms, so that it may be

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II			
The principal cause of dea of importance were as follows:	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	ght 9 manas	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	コルニュアド	1921	Run over by street car	1 week ago		
Cercbral hemorrhage		July 5,1927	Peritonitis	3 days ago		
	JAI 5 118					
	* 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Other contributory causes	of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SP	ACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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of OCCUPA-

	STATE C	F MARYLAND-	CERTIFICATE OF DEATH	12880
1. PLACE OF			92:08	/
County	reel &		Registration Dist. No.	0
	ity Cerry v	Ile	No Maria	Ward
Village of C	ny said cy		death occurred in a hospital or institution, give its NAME instead of street and	d number)
Length of resi	idence in city or town where	death occurred 6 yrs 7 mos.	ds. How long in U.S. If of foreign birth?yrs	mosds.
2. FULL NA	ME/Maur	ue Olias	wellf U.S. Veteran specify WAR	1000
(a) Residen	ce: No. Mai	orl Sh	St., Ward.	1.0.
PERSON	IAL AND STATIST	(Usual place of abode)	If nonresident give city or town as	id State
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Male	Tartita	OR DIVORCED (write the word)	Nec, 4	193.
5a. If married, widow	ved. or divorced	Married	(Month) (Day)	(Year)
HUSBANO of (or) WIFE of	Margares	K Cario Cale	22. I HEREBY CERTIFY, That I attende	d deceased from
	/ acyare	craig as	//ov-19 - 1937 to Wee. 4	5 .192
	(month, day, and year)	an. 16,1871	14810	; death is said
7. AGE Yea	ors Months	Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
6	6 7	ormin.	were as follows:	Data of onset
S. Irade, profes	ssion, or particular work done, as SPINNER, , BOOKKEEPER, etc	Herchant	Procluse teles della	
9. Industry or	business in which		C. San Jan Sol March	
SAW MIL	s done, es SILK MILL, LL, BANK, etc	1223		
30 SAW MIL 10. Date decease this occu	ed last worked at petion (month and	11. Totel time (years) spant in this 35%		
	P	newlle	Other Contributary Causes of importance:	1031
12. BIRTHPLACE (cit		(m)	CHORLE GUGGEROUS	1776
13. NAME	TOM W.	Cale	arthur 5000 more	103/
E	0	enre ville	Name of operation	1.7.2.0
14. BIRTHPLACE (State or	country)	and.	What test confirmed diagnosis? Wes there are	aulonev?
当. MAIOEN NA	IME Clebec	ea Process	23. If death was due to external causes (VIOLENCE) fill In also the following	
16. BIRTHPLACE	(city or town)	ceil 6	Accident, suicide, or homicide? Date of Injury	
	country)	"Hd.	Where did injury occur?	
17. INFORMANT	les places	uel C. Cale	(Specify city or town, county and St Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC P	ALACE.
(Address) 18. BURIAL, CREMAT	FLON OR REMOVAL	ule, md.		
Place	reneckeo	Those Dec. 7 37	Manner of Injury	
	PHI 1	: 41.7/10	Nature of injury	MA
19. UNDERTAKER Z.	Mades	on Muchell	24. Was disease or injury in any way related to occupation of deceased?	, 90
12/	Havrede 37	the trace, ma	(Signed)	84 0
20. FILED	19 /	I & Danders	The Follows	70. W. U.

Registrar.

(Address) / DT

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstilial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
	NA 11 UM	T CIT	T CICITIANIE	DITATIONALITY TO	DI	LHLOUGHA	

PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. tion should be carefully supplied. AGE should be (RITE PLAINLY,

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARTLAND	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	(3)	2
County Salf Comme	Registration Dist. No	0
Village or City (Quilling	NoSt.,	Ward
	death occurred in a hospital or institution, give its NAME instead of street anda.ds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME () Lakaw W. Wa	4 Am .	103
	The state of the s	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3.8EX 4. COLOBOR BACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Male White Marketh (white the word)	(Month) (Day)	., 193
5e. If married, widowed expressed HUSBAND of		Vival)
(or) WIFE of Filles S, Will W	22. 1 HEREBY CERTIFY, That I attended	
CALL OF DIRECT CONTRACT CONTRA	1 1937, to Dec 7	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days 11 LESS than	to have occurred on the dete steted above, et LP: 4.70 m.	7; death is said
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance	
Trade, profession, or particular	were as follows:	Date of onset
kind of work done, as SPINNED ON SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years)	a Paralysis - Tremane - 2	-
9. Industry or business in which work was done, as SILK MILL,	Amelie-	12-2-17
SAW MILL, BANK, etc		/
this occupation (month and spant in this v		
year) occupation occupation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) CACO (State or country)	Hypostatie preumonia	12455
	Aleury	11-2-27
13. NAME SES IV. Klaurs 14. BIRTHPLACE (city or town) Cacil Co Ind.		-
14. BIRTHPLACE (city or town) Carell Co My	Name of operation Date of	
	What test confirmed diegnosis? Wes there an	
E Caria a land	23. If death was due to external causes (VIOLENCE) fill In also the following	
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
401 / Nac-	Where did Injury occur? (Specify city or town, county and State	le)
17. INFORMANT / CAddress)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	ACE.
18 BURIAL, CREMATION, OR REMOVAL	Manner of injury	
ralling Crucky Date 1 20, 20, 1987	Nature of injury	
10 margares bales Ar Calle al		
19. UNDERTAKER (AMA) (Address) (AMA)	24. Wes disease or injury in any way related to occupation of deceased?	
10 moder 30 10	(Signed) A. R. Cruckley	МЪ
20. FILEBOOK 19.3 Registrar.	(Address) middletotte	neo

STATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

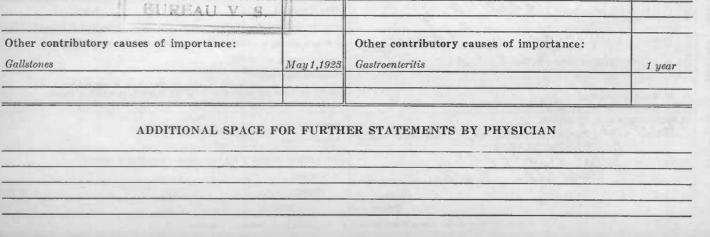
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cercbral hemorrhage Julu 5.1927 Peritonitis 3 days ago ALL V G Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year



(Address)

20. FILED 12-21

19660

F DEATH	4000
Registration Dist. No.	
give its NAME instead of street and nielign birth?mo:	Ward umber) sds.
cify WAR	
If nonresident give city or town and S	State
New 70) Nonth) (Day)	193. 7 (Yeer)
ERTIFY, That I attended of 37, to See 20, 19.37 ove, at 239, m.	eceasad from
nd related causes of importanca	
	Date of onset
ouclutes Thymns.	12-19-5
coed.	12-14-3
Date of	
Was there an ar	utopsy?
(VIOLENCE) fill in also the following:	
Specify city or town, county and State DUSTRY, in HOME, or in PUBLIC PLA	
alated to occupation of deceased?2	
20. 1 -1.	

Registrar.

If so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	- 1
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 1930			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FU	RTHER	STATEMENTS	BY	PHYSICIAN
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20. FILED 12-27 1937

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12883
1. PLACE OF DEATH	
County beech	Registration Dist. No. 25
Village or City Outside of Fort Dyfosit (If Length of residence In city or town where death occurred 4 yrs	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Glorge Brown Felt	If U. S. Veteran, specify WAR
(a) Residence: Np.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jauna Helyty	22. 15 I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sept. 28. 1862	I last saw h a alive on 12-24, 1987; death is seld
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, etm.
75 2 26 f dey,hrs.	The PRINCIPAL CAUSE OF DEATH end raieted causes of importance
8 Trade profession or particular	Date of onest
kind of work done, as SPINNER, Harmen. SAWYER, BDOKKEEPER, etc	Muenne 1247
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
11. Total time (years) this occupation (month end year)	<u></u>
7// 1.1. 11.	Dthar Cantributory Causes of Importance
12. BIRTHPLACE (city or town) Wy Care (State or country)	searnes of some
13. NAME (Index) Felly 14. BIRTHPLACE (city or town)	
f4. BIRTHPLACE (city or town) (State or country)	Neme of operation Data of
œ D D D D D D D D D D D D D D D D D D D	What test confirmed diagnosis? Was there en eutopsy? 23. If death was due to externel ceusas (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Posama Cassett 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of injury
f6. BIRTHPLACE (city or town)————————————————————————————————————	Where did Injury occur?
17. INFORMANT augus & lety (Address) Port 10 ches & md'	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place of Speuel Mand Delo 1,193/	Netura of injury.
10 HADDERTAKEN LE TESTINE	24. Was diseasa or injury In any way ralated to occupation of deceased?
19. UNDERTAKER (Address) Pishing of the Mid.	If so, specify

(Signed)

M. D.

Registrar. If most blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

1. PLACE	OF DEAT	ТН			(83)		
County Gecil					R	egistration Dist. No. 9	6
		eterans ¹		(16	death occurred in a hospital or institution, g 9 ds. How long in U.S. if of forei	Maryland a St.,	Ward d number)
2 5111 1	MARKE	TOW TITEL	renter (If U. S. Veteran, speci		
2. FULL P				Fairmo	at ,St.W. Va. Ward.	If nonresident give city or town a	
PERSO	ONAL AN	D STATISTI	CAL PARTIC			IFICATE OF DEATH	BG Diate
3. SEX male	4. COLO	R OR RACE	5. SINGLE, MARR	IED, WIDOWED, (write the word)	21. DATE OF DEATH December	21	, 193 7
5a. If married, w HUSBAND ((or) WIFE o	of	rcad	5111		22. I HEREBY CI	ERTIFY, That I attende 6 to Dec. 21	
6. DATE OF BIR	TH (month, day	v. and vear)	April 27,	1895	I last saw him alive on Dec		
7. AGE	Years 42	Months 7	Days 24	If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above The PRINCIPAL CAUSE OF DEATH and were as follows:	va, at 11:20nP3M.	Date of onset
SAW	rofession, or pa of work done, YER, BDDKKEE	as SPINNER, PER, atc	Unkno	wn.	General Paralysi	s of the Insane	Unknow
Work SAW	or business in was dona, as S MILL, BANK, o	BILK MILL,etc	-			•••••••••••••••••••••••••••••••••••••••	
11. Total tima (years) this occupation (month and year) year) 12. Total tima (years) spent in this unknown occupation Unknown							
12. BIRTHPLACE (city or town) Grant Town, (State or country) W. Va.				**************************************	Dthar Contributory Causes of importance		
≝ 13. NAME Unknown - deceased							
14. BIRTHPLACE (city or town) Unknown (State or country)					Name of operation Clinical & What test confirmed diagnosis?	laboratory Date of	n autopsy?No
15. MAIDEN	NAME	Zoie ?		Carrie I	23. If death was due to external causes (V		
16. BIRTHPLACE (city or town) Unknown (State or country)					Accident, suicide, or homicide?	Date of Injury	, 19
17. INFORMANT Hospital Records (Address)						pecify city or town, county and S USTRY, in HOME, or In PUBLIC	tate) PLACE.
18. BURNAL, GRE	Pairmo	127 97	• Date Dec	. 22 19 37	Manner of injury		
19. UNDERTAKER FINNINGTON & SON (Address) HAWRON AND AND AND AND AND AND AND AND AND AN			24. Was diseasa or injury In any way rela	ated to occupation of deceasad?	No. 7. E. H.		
20. FILED12	2/22/	19.37	Le F Sa	Registrar.		M.D. Clinical Facility, Forry	Director Foint
		If more	blanks are needed, ac	Idress State Registrar.	2411 N. Charles Street, Baltimore, Requestion		MC.

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN	ľ

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ADDITIONAL SPACE FOR FURTHER STAT	TEMENTS BY PHYSICIAN	I
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mation should carefully supplied. AGE should be stated EXACTL F. P. SICIANS shou	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of O	
stated E	properly	TION is very important. See instructions on back of certificate.
be	be	of
should	it may	n back
AGE	so that	ctions o
pplied.	terms, s	instru
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carei	EATH in	importan
should	OF D	s very
mation	CAUSE	TION is

1. PLACE OF DEATH County Willage or City Length of residence in city or town where death occurred. (a) Residence: No. (b) How long in U. S. if of foreign birth? (b) How long in U. S. if of foreign birth? (b) How long in U. S. if of foreign birth? (c) Residence: No. (c) How long in U. S. if of foreign birth? (d) Residence: No. (d) How long in U. S. if of foreign birth? (e) Residence: No. (i) How long in U. S. if of foreign birth? (ii) How long in U. S. if of foreign birth? (iii) How long in U. S. if of foreign birth? (iv) How long in U. S. if of foreign birth? (iv) How long in U. S. if of foreign birth? (iii) How long in U. S. if of foreign birth? (iv) How long in U. S. if of foreign birth? (iii) How long in U. S. if of foreign birth? (iii) How long in U. S. if of foreign birth? (iii) How long in U. S. if of foreign birth? (iii) How long in U. S. if of foreign birth? (iii) How long in U. S. if of foreign birth? (iii) How long in	STATE OF MARYLAND—	CERTIFICATE OF DEATH
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PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRED, WIDOWED, OR DIVORCED (write the word) 59. If married, widowed, or divorced HUSBAND of (S) will be of ((a) Residence: No.	St., Ward.
3. SEX 4. COLOR OR RACE OR DIVORCED (wrive the word) OR DIVORCED (wrive the word) OR DIVORCED (wrive the word) 5. If married, widewed, or divorced (wrive the word) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than this or maile. 8. Trade, profession, or particular kind of work done as SPINNER SANYER, BODOMKEPER, etc. 9. Sex of the second set worked at this occupation (cropation month) and year) 10. Divorced (word) 11. Total time (years) spart in this occupation (cropation) 12. BIRTHPLACE (city or town). (State or country) 13. NAMIE 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT (Address) 18. BURNAL CREMATION, OR REMOVAL PIRCEMATION, OR REMOVAL 19. Date of injury Nature of injury N	projection and the second seco	
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13. NAME 14. BIRTHPLACE (city or town) Par 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFDRMANT 18. BURIAL, CREMATION, OR REMOVAL Place North East mod Date 23, 19.37 Nature of Injury		
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What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Slate or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place North East and Dale Dac 23, 19-37 19. UNDERTAKER (Address) Place North East and Dale Dac 23, 19-37 (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. Or in Public Place (Address) Manner of injury Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Monner of injury (Signed) Monner of injury in any way related to occupation of deceased? Monner of Injury Monner of Injury Monner of Injury 24. Was disease or injury in any way related to occupation of deceased? Monner of Injury	E Chila	
15. MAIDEN NAME 17. MAIDEN NAME 18. BIRTHPLACE (city or town) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER 19. UNDERTA	(State or country)	Duty Vice-co-ce-ce-ce-ce-ce-ce-ce-ce-ce-ce-ce-ce-ce-
Where did injury occur? 17. INFDRMANT (Address) North East MS R8 18. BURIAL, CREMATION, OR REMOVAL Place North East MS Dale Sec 23, 19.37 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) (Address) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Menner of injury Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Menner of injury (Signed) Menner of injury (Signed) Menner of injury (Signed) Menner of injury (Signed)	15. MAIDEN NAME Many & Pry in	
Where did injury occur? 17. INFDRMANT (Address) North East MS RS 18. BURIAL, CREMATIDN, OR REMOVAL Place North East MS Dale Order 19. UNDERTAKER (Address) 19. UNDERTAKE	Election RD	
17. INFDRMANT (Specify city or town, county and State) (Address) North East Md Rd / 18. BURIAL, CREMATION, OR REMOVAL Place North East Md Dale Dic 23, 19.3.7 Nature of Injury 19. UNDERTAKER Address) Elector 20.5 FILED Re W. 19.3.7 Samuel Dragger (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Menner of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Signed) M. D.	Slate or country) May land	
18. BURIAL, CREMATION, OR REMOVAL Place North East mod Dale Dec 23, 19.3.7 19. UNDERTAKER 74 Property 24. Was disease or injury in any way related to occupation of deceased? (Addless) Electory 22.4. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Signed) M. D.		(Specify city or town, county and State)
Place North Last mo Dale 12 19. 19. Nature of Injury 19. UNDERTAKER 7		Managerit
20. FILED TE TV 1927 Prans Frager (Signed) (Signed) M. D.	2 4 6 12 1	
20. FILED TE 2V, 1937 & Frans Frager (Signed) (Sello Clyon J. M. D.		
	He said and the said	
		(Address) lesingour ma.

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk?

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid-conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis _	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S. H			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones G to Le	May 1,1923	Gastroenteritis	1 year
5 8 2			
A T			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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STATE OF MARYLAND-CERTIFICATE OF DEATH

12887

1. PLACE OF DEATH County Ceel		(59) Registration Dist. No	75
Village or City Centrical Conscient Langth of residence in city or town where deeth occurred	(1	No. St death occurred in a hospital or institution, give its NAME instead of strees. ds. How long In U.S. If of foreign birth?	
2. FULL NAME Robert STO	odmar	If U. S. Veteran, specify WAR	**
(a) Residence: No. (Usual pla	ice of abode)	St., Ward. If nonresident give city or too	wn and State
PERSONAL AND STATISTICAL PAR	TICULARS	MEDICAL CERTIFICATE OF DEA	TH
	ARRIED, WIDOWED. CED (write tha word)	21. DATE OF DEATH Les. 17	, 193 7 (Year)
Se. If marriad, widowad, or divorced HUSBAND of (or) WIFE of			tended daceesad from
6. DATE OF BIRTH (month, dey, and year) Loce 17	1937	I last saw Misch alive on Dee 17 ,1	9.3.7; death Is said
7. AGE Years Months Days	If LESS, than 1 dey,hrs. ormin.	to heve occurred on the date stated abova, etm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware es follows:	e Oate of one et
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Grendwy bull	
SAW MILL, BANK, etc.		lived 4 tra	
this occupation (month end?	ai time (years) spent in this occupetion	Other Contributory Causes of Importence:	
12. BIRTHPLACE (city or town) Conoung (Steta or country) Cell Co.	d ,	Other Conditionary Cases of Importance.	
13. NAME Made Toods	on		
14. BIRTHPLACE (city or town) (State or coupley)			te of
	-10-	What tast confirmed diagnosis? Was the	
15. MAIDEN NAME CARE TO THE STATE OF THE STA	July	23. If deeth wes due to external ceuses (VIOLENCE) fill in also the fo	
17. INFORMANT Of all of ore	Longen	Where did injury occur? (Specify city or town, county a Specify whether injury occurred in INOUSTRY, in HOME, or in PUB	and State) LIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Marian & Majore 10	Cee / S. 193	Menner of injury	
19. UNDERTAKER & Jugary 19. UN	Ind.	24. Wes diseesa or Injury in any way related to occupation of decease If so, spacify (Signed) (Signed)	ed?
20. FILED Mornington	L Registrar.	(Address) Danlington	m

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH

	BEWATE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
DING	AANENT RECCACTLY. PRassified. Exact
MARGIN RESERVED FOR BINDING	HIS IS A PERN be stated EX be properly cle of certificate.
N RESERVE	WRATE PLAINLY, WITH UNFADING INK—THIS IS A PER mation should be carefully supplied. AGE should be stated E. CAUSE OF DEATH in plain terms, so that it may be properly or TION is very important. See instructions on back of certificate.
MARGI	WITH UNFAI efully supplied. in plain terms, int. See instru
	E PLAINLY, should be care; OF DEATH is very importa
S. No. 1	. B. Martin mation CAUSE TION is

/1	L PLACE O	F DEATH			(83)		
	County	Cecil			Registration Dist. No. 96		
	Village or (city Veterans	Administ		ility, Perry Point, Maryland. St., Ward		
	Langth of res	idance in city or town wh	era death occurred		death occurred in a hospital or institution, give its NAME instead of street and number)		
12	2. FULL NA	ME GORD	ON,	e orge M.	If U. S. Veteran, specify WAR World War		
	(a) Resider	nce: No. Burk	ittsville, (Usualplace		St. Ward. If nonresident give city or town and State		
	PERSON	NAL AND STATE	STICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH		
3.	sex male	4. COLOR OR RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH Occumber 14 193 7 (Month) (Day) (Year)		
5a.	. If married, widow						
	HUSBANO of (or) WIFE of	en			22. i HEREBY CERTIFY, That t attandad deceased from November 17, 1937, to December 14, 1937.		
6.	DATE OF BIRTH	(month, day, and year)	Oct. 3	L, 1896	I last saw h im aliva on December 14 19 37; death is said		
7	AGE Yes	ars Months	Days	If LESS than I day,hrs.	to have occurred on the data stetad above, at6:30 _m.M.		
1		1 1	13	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
NO	kind of	ssion, or particular work dona, as SPINNER,	Farmer		General Paralysis of the Insane unknow		
ATI	100	R, BOOKKEEPER, atc business in which	- alms				
UP	work wa	s done, as SILK MILL, LL, BANK, etc	Farming				
OCCUPATION	10. Oate dacas	sad last worked et upation (month end Inknown	11. Totel sp	time (years) ent in this cupation Unknow			
12.	BIRTHPLACE (c	D. P.	derick Co.		Other Contributory Causes of importance:		
02	13, NAME	Unknown					
FATHER	14. BIRTHPLAC	E (city or town) Un	cnown		Name of operation Clinical & laboratory		
œ	15. MAIDEN NA	II mlan a	wn (Charit	v ?†	what test command diagnosis?BPULLES was there an autopsy? Les		
MOTHER		TI.	nknown		23. If daath was due to axternal causes (VIOLENCE) fill in also the following: Accidant, suicida, or homicide?		
₩ Q		E (city or town)r	TATOWIL		Whata did injury occur?		
17.	. INFORMANT (Address)	Hospital	records		(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		
18	BURIAL, GREMA	TION, OR REMOVAL			Manner of injury		
	Placa	altimore, M	d . pata De	c.15 ₁₉ 37	Nature of injury		
19	. UNDERTAKER (Address)	PENNINGTON,	T CNOS S	days	24. Was disaase or injury in any way related to occupation of deceased? NO		
20.	FILEO DEC	15.1937	J' Wille	Registrar.	(Signad) C.F. DAVIS M.D. Clinical Director (Addrass) Vot Are Book Clinical Director		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Chronic interstitial nephritis	1921	Run over by street car	1 week age
Cercbral hemorrhage	July 5,1927	Peritonitis	days a o
Other contributory causes of importance:		Other contributory causes of importance	2793
Gallstones	May 1,1923	Gastroenteritis	1 year
-pt			63
	-		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND-CERTIFICATE OF DEATH

12889

1. PLACE OF DEATH			(87E)		
County Ceci	1		Registration Dist. No. 96		
		(If	cilinty, Perry Point, Md. death occurred in a hospital or institution, give its NAME instead of street and num. 12 ds. How long in U.S. if of foreign blrth?	Ward	
2. FULL NAME G	RIFFITH, Cha	rles Q.	if U. S. Veteran, specify WAR World		
(a) Residence: No. 115	Buechley St (Usual place	. Meyersds	Lest, Pa. Ward. If nonresident give city or town and State		
PERSONAL AND STA			MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RA	OR DIVORCE	RIED, WIDOWED, D (write the word) ried	21. DATE OF DEATH De cember 25 , 19 (Month) (Day)	3 7 (Year)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary B	. (maiden nar	ne unknown	22. I HEREBY CERTIFY, That I attended decr	eased from	
6. DATE OF BIRTH (month, day, and year	0et. 30	, 1893	Sep t. 14 , 19.33 , to December 25 , 137 ; death is said		
7. AGE Yeers Mor	Days 26	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 1:05. P. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	A . 1	
No. Trede, profession, or particular kind of work done, as SPINN SAWYER, BOOKKEEPER, etc	er, Clerk		Multiple sclerosis	1921	
kind of work done, as SPINN SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc					
10. Date deceased last worked at this occupation (month and year)	11, Total t	ime (years) nt in this upation _UNKNOWI			
12. BIRTHPLACE (city or town)(State or country)	Meyersdale		Other Contributory Consen of Importance:		
Henry L.	Griffith		,		
13. NAME Henry L. 14. BIRTHPLACE (city or town) (State or country)	Fenna.		Neme of operation None Date of Date of What test confirmed diagnosis? Was there an auton	No.	
15. MAIDEN NAME Ethi	linda Cupp		What test confirmed diagnosis?	isylstd	
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)			Accident, suicide, or homicide? Date of Injury	, 19	
	l records		(Specify city or town, county end State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		
18. BURNAL, CREMATION, OR REMOVAL Place Meyersdale	Pa. Date Dec	. 26 ,19 37	Manner of injury		
19. UNDERTAKEB (Address) (Address)	Fic	e R	24. Wes disease or injury in any wey related to occupation of deceased?NO	L.C.	
20. FILED 12-26-, 1937	J. Sauch	Registres	(Signed) TOTAL M.D. Clinical Dire	ctor.	

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Cerebral hemorrhage	July 5, 1927	Peritonitis ·	3 days ago
JAN 5 1988	17		
Other contributory causes of importance:	- }	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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	2. F
	3. SEX 5a. If m HU (or
ificate.	6. DATE
TION is very important. See instructions on back of certificate.	12. BIR 12. BIR 13. 14. 14. 15. 16. 16.
uction	12. BIR
See instr	12. BIR
nportant.	13. HT 14. HT 15. HE 16.
is very im	17. INFO
TION is v	19. UND

STATE (JE MAK	ILAND	CERTIFICATE OF DEATH	1 16030	
County Cecil			(3)		
obuilty.	1 1/	Ct	Registration Dist.	No7/	
Village or City Chesa	sease	uay (I	No. death occurred in a hospital or institution, give its NAME inste	St., Ward	
Length of residence in city or town where	death occurred				
2. FULL NAME many	Hest	er Hag	If U. S. Veteran, specify WAR		
(a) Residence: No.			St Ward,		
(Usual place of abode)			If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
Jewele 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		21. DATE OF DEATH Security	(Day) , 193 (Yaar)		
is. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Samuel & Hangue			22. Oct 19 157 to See	hat I attended deceasad from	
6. DATE OF BIRTH (month, day, and year)	au 10	1859	I last saw her aliva on Deco	19J 7 : death is said	
7. AGE Yaars Months	Days	If LESS than	to heve occurred on the date stated above, at 10 30	m.	
78 10	27	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of I were as follows:		
8. Trade, profession, or perticular	000		0	Date of onset	
8. Trade, profession, or perticular kind of work done, as SPINNER, CSAWYER, BOOKKEEPER, etc	T NOZ		Cardiovascular re	and pot	
kind of work done, as SPINNER, C. SAWYER, BOOKKEEPER, etc	•••••		diserve.	1937	
10. Date deceased last worked at this occupation (month end year)	11. Total ti	ima (years) ntin this spation			
12. BIRTHPLACE (city or town) Carre	den		Other Contributory Causes of importance:	100	
	war		Deserva Destron	Teas Deal	
13. NAME Lewel &	- 7+an	ris	Comment of Production	190/	
13. NAME Level 1	infon	and.	Name of operation.	Date of	
(State or country) 220	ulfon	notive		Was there an autopsy?	
15. MAIDEN NAME To	forma	lave	23. If death was due to external causes (VIOLENCE) fill In al		
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country)	infor	nution	Accidant, suicide, or homicide? Dete o		
17. INFORMANT Wise E 7- (Address) Chesapaa	tuds	on mid	(Specify city or town, Specify whathar injury occurred in INDUSTRY, in HOME, o	county and State) r in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	14 000	1 1100	Manner of Injury		
Place Bethel Curetey Date Dec 10, 1937			Nature of injury		
19. UNDERTAKER A COMPANY (Address)	1 mil		24. Was disease or Injury In eny wey related to occupetion of	f decaased to	
20. FILED /2/10 1937 B:	H. Brow	m	(Signed)	M. I	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MAN S.			
Other contributory causes of importance:	ord in	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			10000

STATE OF MARYLAND—CERTIFICATE OF DEATH pluods County Registration Dist. No item (If death occurred in a hospital or institution, give its NAME instead of street and number) Bds. CO How long in U.S. if of foreign birth?______vrs._____mos.____ds, statement If U. S. Veteran, specify WAR, (a) Residence: No (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE S. SINGLE, MARKIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Day) assified. BINDING 5a. If married, widowed, or divorced HUSBAND of TIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate, 7. AGE Days If LESS then FOR 1 day hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of importance. or min. 8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BDDKKEEPER, etc. OCCUPATION MARGIN RESERVED 9. Industry or business In which work wes done, es SiLK MiLL, SAW MILL, BANK, etc..... back may should 10. Date deceesed lest worked et 11. Totel time (years) spent in this_3 this occupation (month eng occupation. instructions 12. BIRTHPLACE (city or tow (State or country) FATHER 13. NAME 14. BIRTHPLACE (city of tow Name of operation... State or country What test confirmed diegnosis? Was there an autopsy? MOTHER important. 23. if death was due to external causes (VIOLENCE) fill In also the following: Accident, sulcide, or homicide?______ Dete of Injury______, 19. 16. BIRTHPLACE (city or town (State or country) Where did injury occur?_ (Specify city or town, county and State) DE/ Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT pluods OF (Address 18. BURIAL ATION OR REMOVAL Manner of Injury RITE TION **Neture of injury** 19. UNDERTAKER (Address) if so, specify (Signed). Registrar.

S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Year)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Chronic interstitiat nephritis	1921	Nun over og street car	- "	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	ADDITIONAL	L SPACE FOI	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

1. PLACE OF DEATH			53-d
County Cecil			Registration Dist. No. 96
Village or City Veterans		(li	11tNo, Perry Point, Md. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) s. 12 ds. How long in U.S. If of foreign birth? yrs. mos. ds.
(a) Residence: No. 6528 Co		, Dundalk,	
PERSONAL AND STATIS	TICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE Marri	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH ecember 12 , f93.7 (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of Tor) WIFE of Mrs • Loui	se A. Hahr	1	22. I HEREBY CERTIFY, Thet I ettended deceased from November 30 ,19 37 , to December 12 ,19 37
6. DATE OF BIRTH (month, day, and yeer)	Dec. 3, 1	.893	I lest saw h.im elive on December 12 , 1937 ; death is said
7. AGE Yeers Months 44 O	Deys 9	If LESS than f dey,hrs.	to heve occurred on the dete steted above, et8:_25
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Farmer		Tobar proumants 18 Pare of any
work was done, es SILK MILL, SAW MILL, BANK, etc	100		all loles . Cless than 24 hours.
10. Dete deceased last worked et this occupation (month end yeer)	11. Total t spe occ	ime (years) nt in this upetion Unknown	
12. BIRTHPLACE (city or town)	uger, Md.	*	Other Contributory Causes of importance:
2 13. NAME Peter Hahn			Consulsional Cutoff.
TIA. DIMITELACE (CILY OF LOWIF)	nknown yland		Name of operation Dete of Dete of Dete of What test confirmed diegnosis? Paper 18 Wes there en eutopsy? Yes
15. MAIDEN NAME Mary Ho	ffman		23. If death was due to external causes (VIOL ENCE) fill In elso the following:
15. MAIDEN NAME MARY Ho	7716 11 17		Accident, suicide, or homicide?
17. INFORMANT Hospital 1	ecords		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18: DURIAL, CREMATION, OR REMOVAL	-		Menner of injury
Place Baltimore, Md.	Date Dece	mber 13,19	Rature of injury
19. UNDERTAKER - PANTINGTON &	tourson	01	24. Was disease or injury in any way releted to occupation of deceased? NO
20. FILED 12-13 , 137/ 5	4 Sauch	OAA. P. Registrar.	(Signed) C.F. DAVIS IM DICTIPIED DIRECTOR

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state: .

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9.—The industry or business in which the work was done.
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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
50 3			2.0	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	E FOR FURTH	ER STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF PEATH	940
County Left	Registration Dist. No.
Village or City (Lengelle 04 4:8 4)	
Length of residence in city or town where death occurredmos.	ds. How long In U. S. if of foreign birth?yrsmosds.
2. FULL NAME Horman Holen Jacks	If U. S. Veteran, specify WAR
(a) Residence: No. Marrellana (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Yeer)
HUSBAND of Elizabeth John	22. HEREBY CERTIFY. That I attended decessed from
6. DATE OF BIRTH (month, day, end year)	Hest saw h Amalive on AC 1, 1937; deeth is faid
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, atm.
74 2 \\ \dag{1 day,hrs.}	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 3 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Mayna os l'unu
a Industry or business in which work was done as SILK MILL.	
work was done, as SILK MILL, SAW MILL, BANK, etc	
O 10. Date deceased last worked at this occupation (month and year) 11. Totel time (years) spent in this occupation occupation occupation	
Paris decapetion	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Manual	Charge Hiller and the
	1706
14. BIRTHP(ACE (city or town))	
14. BIRTHP(AEE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Sack Whigh	23. If death was due to externel causes (VIOLENCE) fill in elso the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(Stete or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Mu. Allery alm alesson (Address)	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Att fellull Cassed Date Delle, D , 1927.	Neture of injury
19, UNDERTAKER Senny Janua Sons	24. Was disease or injury in any way related to occupation of deceased?
(Address) / Cherlen mf	If so, specify
20. FILED 2'-4 1/37 Lo Danders	(Signed) D. M.D.
Registrar.	(Address) // D/ A / 18// /// -

CTATE OF MADVIAND CEDTIFICATE OF DEATH

141111

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 5 1038			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
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median should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. WRITE PLAINLY

V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12894
County Cerul	Registration Dist. No. 94
Village or City Works Cut, (II	NDSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Cylenam Where death occurred yrs mos call the control of the control	If U. S. Veteran, specify WAR. St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("Dive the word) Wille	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of terror The state of terror The	22. I HOREBY CERTIFY. That I attended deceased from 1937, to less 1937
6. DATE OF BIRTH (month, day, and year) 7. AGE Array Years Months Days If LESS than 1 day,hrs. orhrs.	to heve occurred on the date steted above, at 304 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BODKKEPER, atc.	Crelied Hemortage teats
work was done, as SILK MILL, SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) (State or country)	other Contributory Causes of ibportance:
13. NAME 14. BIRTHPLACE (city or town) (Stata or country)	Nama of operation Date of Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was dua to external causes (VIOLENCE) fill in also the following: Accident, suicida, or homicide?
17. INFORMANT Mr. William Johnson (Address) North East, M.	(Specify city or town, county and State) Specify whether Injury occurred in industry, in HOME, or in PUBLIC PLACE.
18. BURIAL, GREMATION, OR BEMOVAL Place Local Cedar 11 Date Jan. 2, 1939	Manner of Injury
19. UNDERTAKER Elmer E. Bullock (Address) Have de Grace md	24. Was disease or injury in any way related to occupation of daceasad? If so, specify
20. FILED 12-30-37, 19 The W. Coulor Registrar.	(Signed) M. D (Address) Cauch M. D 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
JAN 4 1938				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
Gausiones	May 1,1925	Gastroenterius	1 year	

V. S. No. 1

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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEA	тн			(131)		
County Ce o				Registration Dist. No. 96		
Village or City	Veterans	' Adminis	tration Fa	cilioty, Perry Point, Md. St.		
			(1	death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of residence in c	ity or town whera o	daath occurred	yrs omos	s. 18ds. How long In U. S. if of foreign birth?yrsmos		
2. FULL NAME				If U. S. Veteran, specify WAR World War		
(a) Residence: No.	2229 Lea			1a,stPa. Ward.		
		(Usual place		Il nonresident give city or town and State		
PERSONAL AN				MEDICAL CERTIFICATE OF DEATH		
	or or race		RRIED, WIDOWED, D (write the word) C d	21. DATE OF DEATH December 15 , 193 7 (Month) (Oey) (Yee		
5a. If married, widowed, or div				. (month) (bey) (188		
HUSBAND of Gen	eva Carmi	ckle		22. 1 HEREBY CERTIFY. Thet I attended deceased August 27 ,19 37, to December 15, 193		
6. DATE OF BIRTH (month, da	y, and yeer)	Mar. 18,	1893	I lest saw h. 1m elive on December 15 19 37 ; death i		
7. AGE Years	Months	Oays	If LESS than	to have occurred on the dete steted above, at 2:00 m.PM.		
44	8	17	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importance were as follows:		
Trada, profession, or paid work done SAWYER, BOOKKE	as SPINNER.	Laborer		Hypertensive heart disease unknow		
Industry or business i	n which					
work was dona, as SAW MILL, BANK,	SILK MILL, V	arious co	mpanies			
10. Date deceesed lest wo	rked et	11. Totel 1	ime (yoers)			
this occupation (my	54	000	nt in this Unknow			
12. BIRTHPLACE (city or town	Bal	dwin, S.	3.	Other Contributory Causes of importance: Nephritis chronic unknow		
(State or country)						
	lam Kay	- deceas	sed			
14. BIRTHPLACE (city or t	own)S	th Caroli	na	Neme of operation Clinical & laboratory Oate of		
				Whet test confirmed diagnosis? PSP.OT. LS Wes thera an autopsy?.		
			aseu	23. If death was due to axternel couses (VIOL ENCE) fill In also the following:		
16. BIRTHPLACE (city or t (Steta or country)	own)	Canalina		Accident, suicida, or homicida?		
— (Steta of country)				Where did injury occur? (Specify city or town, county and State)		
17. INFORMANT Hospital records (Address) 18. Burnat, exemation, ex removal Place Baltimore Md. Date Dec.17 19 37				Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.		
			.17 ,19 37	Menner of injury		
79		7-0		Netura of Injury		
19. UNOERTAKER THIND	INGT ON 801	milde		24. Wes diseese or injury in any wey releted to occupetion of deceesed? NO		
(Address) Haviv		er lide		If so, specify		
20. FILE 6 76 6	19374	h.X	De Andistrar.	(Signed) F. DAVIS, M.D., Chini cal Director		
AA 1 ;	1.0.0	· VICELL	Registrar.	(Address) Vet Adm. Facility, Ferry Foi		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business; report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis -	3 days ago
A PAREAU V. S.	6		,
min of contracting the same co	2		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state ALCOAD. Every item of infor-Exact statement of OCCUPA. AGE should be stated EXACTLY. Y, WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. hation should be carefully supplied. B-WRITE PLA

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF	DEATH
----------------------------------	-------

1. PLACE OF DEATH	(95-7)
County Cecil	Registration Dist. No. 92
Village or City Elkton RD 3	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
C+ O DO	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Charles Mukiecz	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH /2 & , 193
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wary Klukecs 6. DATE OF BIRTH (month, day, and year) With 4 88/ 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular find of work done, as SPINNER, Sawyter, BOOKKEEPER, etc. Jindustry or business in which work was done, as SIK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) occupation year) 12. BIRTHPLACE (city or town) Contact of the profession of the professio	(Month) (Day) (Year) 22. I HEREBY CERTIFY. That I attended deceased from Collidation 19 I last saw h the same and the stated above, at 19 The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of enset Other Contributory Causes of importance: Cury R Other Contributory Causes of importance: Cury R
13. NAME 10 formalia 14. BIRTHPLACE (city or town) 10 informalia	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 24/2004 2004 (Address)	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL EXCEPTION CONTINUE Country Date Dec // 19.37	Manner of injury
19. UNDERTAKER 14 WATER BOOK (Address) Election 3. January Brager Registrar.	24. Was disease or injury in any way related to occupation of decease 2

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the dcceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago JAN 5 Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL STACE FOR FURTHER STATEMENTS DI PRISIC	ADDITIONAL SPACE FOR FURTHER STATE	EMENTS BY PHYSICI	AN
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FOR BINDING

MARGIN RESERVED

V. S. No. 1

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STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(131)
County Cosel Co. Ma.	Registration Dist. No. 92
Village or City Elector WITHIN CORPORATE	LIMITS OF
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town whare death occurredyrsmos	How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME TUMENIA DON KIN	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
Sa. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Martha V Rucht	22. HEREBY CERTIFY. That I attended deceased from
Lieu block 100	1907, to 444, 1908
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than	lest sew h elive on
7. AGE Years Month's Days If LESS than 1 dey,hrs.	to have occurred on the date stated ebove, at
13 0 12 ormin.	were esfollows:
8. Trada profession, or particular kind of work done, es SPINNER,	- Vasculary
kind of work done, es SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SIIK MIII	Cardis; renal disease
DI CAM MILL DAMY	
O 10. Data decessed last worked et 11. Total time (years)	
this occupation (month end spent in this occupation occupation	
Washed C. had	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Stete or country)	

13. NAME William W. Bright 14. BIRTHPLACE (city or town). Unknown	
14. BIRTHPLACE (city or town)	Name of operation Date of Date of
(State or country)	What test confirmed diagnosis? Cluncal Wes there en autopsy?
15. MAIDEN NAME Sallis SEWNAW 16. BIRTHPLACE (city or town) Unknown	23. If death was due to externel ceuses (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) University	Accident, suicide, or homicide? Date of injury19
Stata or country)	Where did injury occur?
17. INFORMANT Mus May a Statt (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL SPACE DELLA CAMERINA DEL 1927	Manner of injury
11. 1041	Nature of injury.
19. UNDERTAKER Cracket Ind	24. Was disease or injury in any way related to occupetion of deceesed?
20. FILED 12 1937 + Bues Prayer	(Signed) Intford N. & brecher M.D.
Plegistrar.	(Address) / Elleman
If more blanks are needed, address State Registrar,	1411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

15,000

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	RECEIVED	1915	Attock of epilepsy	1 week ago
Chronie interstitiol ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	1 044 5 20	July 5,1927	Peritonitis	3 days ago
	GUREAU V. S.	{		
Other contributory	causes of importance:	- •	Other contributory causes of importance:	1
Gallstones		Moy 1,1923	Gostroenteritis	1 year
				1

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 3 of OCCUPA.

1. PLACE OF DEATH	(F.B)		
County Cecil	Registration Dist. No. 91		
Village or City Chesapeake Cily RD	No. St Ward		
(1)	death occurred in a hospital or institution, give its NAME instead of street and number)		
19 10 7	ds. How long In U.S. if of foreign birth?yrsmosds.		
2. FULL NAME/ Wort Thomas Logi	If U. S. Veteran, specify WAR		
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH O		
male white widowed with wind	∞ee 8 , ₁₉₃ 7		
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)		
(or) WIFE of addre D. Loston	1 HEREBY CERTIFY That I attended deceased from		
0 1 2 11-4	19/, to 200 0 193/		
6. DATE OF BIRTH (month, day, end year) 1/85 17. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at !! A.m.		
7 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	The PRINCIPAL CAUSE OF DEATH end related causes of Importance		
8. Trade profession or particular	were as follows: Date of onset		
kind of work done, as SPINNER, farme I fam	Centerion of waget		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month end the second in this progration (month end the second in the			
SAW MILL, BANK, etc			
11. Total time (years) this occupation (month end year) year) 12. Total time (years) speciment this occupation			
2.00' +	Other Coutributory Causes of Importance:		
12. BIRTHPLACE (city or town)			
E 13. NAME no information			
HE TO SEE THE TO SEE T			
14. BIRTHPLACE (city or town) no information (State or country)	Name of operation		
15. MAIDEN NAME NO WILLIAMS	What test confirmed diagnosis? Wes there an autopsy?		
15. MAIDEN NAME NO reformations 16. BIRTHPLACE (city or town) reformation	23. If death was due to external causes (VIOLENCE) fill in elso the following:		
(Stete or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?		
17. INFORMANT I Verman C Morris	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
(Address) Charoproke Cit RD			
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury		
new Jandentrugh Date Dec // , 1932]	Nature of injury		
19. UNDERTAKER It. Whipiu	24. Was disease or injury in eny way related to occupetion of deceased?		
(Address) Elittow 2ml	If so, specify		
20. FILED 12/10, 1937 B.H. Brown	(Signed) Herbert Bolo M. D.		
Registrar.	(Address) Zeklan Zud		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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ADDITIONAL.	SPACE	FOR	PURTHER	STATEMENTS	DV	DHACICI	A BT
ADDITIONAL	SPACE	run	TURITER	STATEMENTS	DI	PHISICI	AIN



V. S. No. 1

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PLACE OF DEATH County Ceal	STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist. No. 94
Village or City Elle neck (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Dec. 26 , 1937 (Month) (Day) (Year)
6 DATE OF BIRTH May (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Dec. 26 1937 to Dec 26 1937 that I last saw has sime on Dec 26 1937.
7 AGE Sq. yrs. 7 mos. 8 ds. or min.?	
(a) Trade, profession or particular kind of work	myscardetes
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Granchiel asthma
10 NAME OF Benjamin Floris	(Signed) M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME W. T. 1 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME W. T. 1 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME M. T. 1 BIRTHPLACE OF FATHER (State or country)	*State the Diaease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Maulda 13 BIRTHPLACE OF MOTHER (State or Country) Calem Alel	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yes mos ds. In the State yes these contracted,
(Informant) Mrs ama M. Malas	if not at place of death? Former or usual residence
(Address) /230 West Selly W. Filed /2-28-3), 192 Do W. Owiews. Registrar	Harlo. M. E. Cemetry. Dec 29, 1931 20 UNDERTAKER ADDRESS MA DEC LO B. S. S. ST. AUL. DWITE Cast
If more bianks are needed, address Stato Registra	16 W. Sasatoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthtired 6 yrs). definite salary), may be entered as Housewife, Houseer," etc., Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servan Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Cure should be taken laborer, Farm laborer, Laborer—Coat men at home, who are engaged in the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) household only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the -Coal mine, etc. Womdutics of the (b) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. "Uruemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar; or intercurrent) American Medical Association.) Examples: Accidental drowning; Struck by railway train-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular etc. The contributory affection need Nomenclature Always qualify all heart disease; not be

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(82-2)
County Ceal	Registration Dist. No.
Village or City north East, ma	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs2_mos	sds. How long in U.S. if of foreign birth? yrsmosds.
2. FULL NAME Mary Francis Mi	lles
(a) Residence: No. Spatial pièce of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Temple 4. COLOR OR RACE OR DIVORCED (write the word) Wilson Wilson	21. DATE OF DEATH Les 21, 193 (Month) (Day) (Year)
58. If merried, widowed, or divorced HUSBAND of (or) WIFE of Joseph Miller	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Dec. 12. 1848	I last saw he alive on Lee 2 1, 1937; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 7.10 Mm.
89 0 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Cerebral Generalinges (est 10
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc 9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11, Total time (yeers)	
11. Total time (yeers) this occupation (month and year) year) 11. Total time (yeers) spect in this occupation	
12. BIRTHPLACE (city or town) Flushing	Other Contributory Canasa of importance:
(Stete or country)	
13. NAME Trinothy Vose 14. BIRTHPLACE (city or town). Hulmeville	
4. BIRTHPLACE (city or town) - The house (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Margaret Sillingham	23. If death was due to external causes (VIOL ENCE) fill In elso the following:
15. MAIDEN NAME Margaret Sillingham 16. BIRTHPLACE (city or town) Bensalem (State or country)	Accident, suicide, or homicide?
Stete or country)	Where did injury occur?
17. INFORMANT Gresto Miller (Address) Onth East	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place 2 Common Cemelay Octo Dac 24, 1937	Mannor of Injury
AP 111 m/2.1	The control of the co
19. UNDERTAKER CALLAN (Address)	24. Was disease or injury In any wey related to occupation of deceased?
20. FILEO/2-24-37, 19 Jey ev. Quens	(Signed) & Curlevell M. D.
Registrar.	(Address)

V. S. No. 1

should state

PHYSICIANS Exact statement

stated EXACTLY.

properly classified.

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TION is very important. See instructions on back of certificate.

AUSE OF DEATH in plain terms, so that it may

tion should be carefully supplied.

JVRITE PLA

WITH UNFADING INK-THIS IS A PERMANENT

AGE should be

MARGIN RESERVED FOR BINDING

of OCCUPA.

D. Every item of infor-

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ADDITIONAL SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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WRITE

V. S. No. 1

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plnods

S

Date of onset

peretion		
operetion		
peretion	tributory Causes of Importance;	
wes dua to external causes (VIOLENCE) fill In elso the following: suicide, or homicide?		
wes dua to external causes (VIOLENCE) fill in elso the following: suicide, or homicide?	peretion	Dete of
Suicide, or homicide?	confirmad diagnosis?	Was there en eutopsy?
eese or injury in any wey related to occupation of deceased? bify diff (Address) M.	(Specify nether Injury occurred in INDUSTRY	, in HOME, or in PUBLIC PLACE.
reese or injury in any wey related to occupation of deceased? city ed) Clausess Elklon m.		
rles Street, Baltimore, Requesting V. S. No. r.	seese or injury in any wey related to	o occupation of deceased?
	rles Street, Baltimore, Requesting U.	S. No. 1.

(Day)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 near

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

	Registration Dist, No. 92
(li	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
	ds.
	St., Ward. If nonresident give city or lown and State
	MEDICAL CERTIFICATE OF DEATH
;	21. DATE OF DEATH (Month) (Day) (Year)
	(Month) (Day) (Year)
0	22. I HEREBY CERTIFY, That I attended deceased from December 14, 1937, to Dec. 11, 1937
7	I lest saw have on DSL 1 ft 1937; death is said
hrs.	to have occurred on the date stated above, at 4.4.1.7.m.
110.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	Prematine Both
	5- ms
	Other Contributory Causes of importance:
2	
	Neme of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
_	23. If death was due to external causes (VIDLENCE) fill in also the following:
	Accident, suicide, or homicide? Date of injury, 19
_	Where did Injury occur? (Specify city or town, county and State)
	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
	Manner of injury
7	Nature of Injury
	24. Was disease or injury in any way related to occupation of deceased?
	If so, specify
	(Signed) Jan J. J. J. M. D.
	(Address) Sellin may
- 40	N Chalactan D L. D. Chalactan D L.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To	be	complete.	an	occupation	return	must	state:
----	----	-----------	----	------------	--------	------	--------

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	d dependent	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis .	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car ~ > > >	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis S	3 days ago	
JAN 5 1928				
BURHAU V. S.		263		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis -, -	1 year	
		> 11 4		
		H 2. 2		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(Address)

BINDING

RESERVED

MARGIN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify

olni

0

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	AND		Example II		
The principal cause of death and related causes of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	0-1038	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	4	1921	Run over by street car	1 weck ago	
Cerebral hemorrhage	All V .	July 5,1927	Peritonitis	3 days ago	
L					
Other contributory causes of importa	nce:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
74					

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

		10

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12904
1. PLACE OF DEATH	(131)
County Clal	Registration Dist. No.
Village or City North Cost	No. St., Ward
Length of rasidenca in city or town where death occurredyrs,mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Benjamin P.	SINCOF If U. S. Veteran, specify WAR not a Wetwan
(a) Residence: No. north East	
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Willower	21. DATE OF DEATH LOCAL HAMAN (Month) (Day), 193 (Yeer)
5a. If married, widowed, or divorcad HUSBAND of	22. I HEREBY CERTIFY. That I eltended deceased from
(or) WIFE of Mary Marshall	hur 181 1937 to blee 14, 1937
6. DATE OF BIRTH (month, day, end year) Sept 15 /8 50	i last saw h an aliva an 193 ; death is sald
7. AGE Yaers Months Days If LESS then I day,hrs.	to heve occurred on the date stetad ebove, at
87 3 0 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importenca were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Sellie Infection of face les 12
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. June of the control of t	
10. Data deceased last worked at this occupation (month and yaar) 11. Total time (years) spent in this occupation 0	
12. BIRTHPLACE (city or town) North East	Other Contributory Causes of Importanca:
(Stata or country) manyland	the Whitelite replication your
13. NAME Leorge Simbol	<u> </u>
14. BIRTHPLACE (city or town) Morth East	Name of operation Date of
(State of country)	What test confirmed diegnosis? Wes there an autopsy?
I 15. MAIDEN NAME Coligabith Consett	23. If deeth wes dua to externel causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Clipabeth Poinsett 16. BIRTHPLACE (city or town) Constant (State or country)	Accident, suicide, or homicide?
College of country)	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place north lash ME. Cently Dete Klec 17 , 195/	Nature of injury
19. UNDERTAKER Joseph R. Graus	24. Was diseasa or injury in eny wey related to occupetion of deceased?
(Address) (north Each Maryland	If so, specify
20, FILED /2-/6-3], 19 /20 W. Quess.	(Signed) M, D
Registrar.	(Vaniezz)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1938			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		STATE OF A PROPERTY OF THE STATE OF THE STAT	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	IN
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PHYSICIANS should state ORD. Every item of inforof OCCUPA-Exact statement

stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT properly classified. PION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be

MARGIN RESERVED FOR BINDING

-WRITE P V. S. No. 1 B ż STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH				
County County	ecil		Registration Dist. No. 96	
		(if	teil Noty, Perry Point, Md. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.	
	78		If U. S. Veteran, specify WAR World	
an rough terms	Oro, W.Va		St., Ward. If nonresident give city or town and State	
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Male	OR DIVORCEI	RIED, WIDOWED, (write the word)	21. DATE OF DEATH December 25 , 193 7 (Month) (Day) (Year)	
	e Chapman	- decease	July 7 19 32 to December 25 19 37	
6. DATE OF BIRTH (month, day, end year)	March 8,	1897	I last sew h. im alive on Dec. 25 ,19 37; death is said	
7. AGE Years Months 40 9	Days	If LESS than I day,hrs. ormin.	to have occurred on the data stated above, at	
Salvade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	Labo	rer	Tuberculosis, pulmonery, chronic, advanced, active Dec.1932	
SAW MILL, BANK, atc	11. Totai ti sper occu	ma (yaars) nt in this Unknow		
12. BIRTHPLACE (city or town) Unkno (State or country) W. Va.	w n		Other Cambridge Causes of importance: General Paralysis, of the Insana Unknown	
13. NAME John Stull				
13. NAME John Stull 14. BIRTHPLACE (city or town) (State or country)			Name of operation ————————————————————————————————————	
15. MAIDEN NAME Para A.	Reed		23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME PARA A a 16. BIRTHPLACE (city or town) Unkr (State or country) W	10 WA		Accident, suicide, or homicide?	
17. INFORMANT Hospital re(ords			
18. DUNIM, GREMATION, OF REMOVAL Place Baltimore, Md.	Date Dec	c. 27, 19.37	Manner of injury	
19. UNDERTAKER FINITION S. (Address) Havre de Free	SOND e Md.		24. Was diseasa or injury in any way releted to occupation of decaesed? NO	
20. FILED 9-27-37, 19 4 J.	Soude	Registrar.	(Signed) F. DAVIS M.D. Clinical Director M.D. (Andress) Vota - Con Eacility, Ferry Point.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	-	Example II	
The principal cause of death and related eauses of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JAN 3	July 5, 1927	Peritonitis	3 days ago
RUNEAU V S.	15		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH.	(97)
County SCI	Registration Dist. No.
Village or City Perry ville	No. St. Ward
95 011	death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME LOTUN Stump.	
(a) Residence: No. Terryville Und. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (agrice they word) Mass regular	21. DATE OF DEATH December 28th 1937
5a. If married, widowed, or divorced HUSBAND of COT) WIFE OF LEARNING THE Squire Alumba	(Month) (Dey) (Year) 22. I HEREBY CERTIFY, That I attended deceased from
(14 pil 12-18)	1906, 10 7 8 27
6. DATE OF STRTH (month, day, end year) 7. AGE Years Months Oays 1 LESS than	I lest saw have alive on Nee . 78-, 1937; deeth is said to have occurred on the data stated above, at 3 400 m.
93 8 13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of Importence
8 Trade ninfession or particular	were as follows:
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc 10. Oete deceased lest worked at this coverage on the country of the coverage of the country of the coverage of	General Other with
9. industry or business in which	1908
9. Industry or business in which work was done, as SILK MILL, Chun Falen SAW MILL, BANK, etc	1.102.
O 10. Oete deceesed lest worked at this occupetion (month end 1918 occupetion week)	
(forhelielle)	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	
13. NAME ALM Stringer	
E Papadar Ved	
4 14. BIRTHPLACE (city or town)	Name of operation. Name of
	What test confirmed diagnosis?
I Tain Hill	23. If death wes due to externel ceuses (VIOLENCE) fill In elso the following:
O 16. BIRTHPLACE (city or town) — WW I was (State or country)	Accident, suicide, or homicide?
Mi Chi St	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Was Commonwell, Williams)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Menner of injury
Acceleration throughout Date hele 1 1937.	Neture of injury
19. UNDERTAKEN EL allersoye (Address) Parifirle, und	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO 12/30 (937 L FI Saudosa)	(Signed) Magnett M. O.
If more blanks are needed, address State Resistrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I	1	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1000	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	V. S. 1	July 5,1927	Peritonitis	3 days ago
	Port C.			
	A A A			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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TION is very important.

H UNFADING INK-THIS IS A PERMANENT REPRESENTATION OF STREET OF STREET ST	supplied. AGE should be stated EXACTLY. PHYSICIANS should state	ain terms, so that it may be properly classified. Exact statement of OCCUPA-	
y it	50	t of	
RD. Ever	YSICIAN	statemen	
1-166	Y. PH	Exact	
MANEN	XACTL	classified.	
IS A PEI	stated E	properly	See instructions on back of certificate.
IIS	be	be	of c
NK-TH	plnods	it may	n back
I DNIC	AGE	so that	ctions o
UNFAI	upplied.	terms,	e instru
H	01	ain	Se

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	45-8)
County Seeil	Registration Dist. No. 90
Village or City Ceello	ND\$t.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
28 lead to the state of the sta	on
2. FULL NAME	2/01-
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
more onele more de de la word)	(Month) (Qay) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of lienede lactor-	1 HEREBY CERTIFY, That I attended deceased from
C DIFF OF DIPTH (Total) The control of the contro	last saw h. in alive on Kle Sulva 24 , 19 3]; death Is said
6. DATE OF BIRTH (month, day, and year) 7 C 7 T 1 T 2 T 3 T 3 T 3 T 4 T 5 T 5 T 5 T 5 T 5 T 5 T 5 T 5 T 5	to have occurred on the date stated above, at // A-m.
(o C	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, V leved James	Socoma Mondeale 1931.
kind of work done, as SPINNER, Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at this occupation (month and	
SAW MILL, BANK, etc	
this occupation (month and spent in this occupation	
8	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country) (State or country)	rester allow to date fevry
C 13. NAME IN THE POST OF THE	Ellrace die 931-
13. NAME Interests 14. BIRTHPLACE (city or town) Lee Reason	Name of operation Weiler of Sefet 26-19
L (State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME (Que a Vaclar	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Access Joelan 16. BIRTHPLACE (city or town) See Access (State or country) ACC	Accident, suicide, or homicide? Date of injury19
State or country) nooloo	Where did injury occur?
17 INFORMANT Mes Le dea Craeq	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Cellon - no'	
18. BURIAL, CREMATION, OR REMOVAL Place & getter civiles note & 26 7 8 19 3	Manner of injury
1 (m (0)	Nature of injury
19. UNDERTAKER Jahr CO. Cappagna	24. Was disease or injury in any way related to occupation of deceased?
(Address) Breilton gig.	If so, specify
20. FILEO Dic 27, 1937 (Cowan)	(Signed) Caller & Doddoo M. D.
/ Registrar.	(Address) Cellou No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy S 'A IIVE ATTACK	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis Oct Principle Peritonitis Peritonitis	3 days ago
		GBAIBSSB	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND-CERTIFICATE OF DEATH

PHYSICIANS should state Exact statement of OCCUPA. JRD. Every item of inforstated EXACTLY. LY, WITH UNFADING INK-THIS IS A PERMANENT properly classified. TION is very important. See instructions on back of certificate. AGE should be pe CAUSE OF DEATH in plain terms, so that it may nation should be carefully supplied. WRITE PL

MARGIN RESERVED FOR BINDING

1. PLACE OF				(23)	
County	Ceci 1			Registration Dist. No. 96	
Village or C	ity Veterens!	dministra. death occurrad.14	tion Facil	it No. Rerry Point, Maryland, St., feath occurred in a hospital or institution, give its NAME instead of street and no. 29 ds. How long in U.S. if of foreign birth? 31 yrs. most	Ward umber)
2. FULL NA			, Fairmont	If U. S. Veteran, specify WAR <u>Norld War</u> StaVa • Ward. If nonresident give city or town and S	
PERSON	IAL AND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
s. sex	4. COLOR OR RACE White	5. SINGLE, MARR OR DIVORCED Single	IED, WIDOWED, (write tha word)	21. DATE OF DEATH December 21 (Month) (Day)	193.7(Yaar)
a. If merriad, widow HUSBAND of (or) WIFE of	ad, or divorced			22. I HEREBY CERTIFY, That I attended of February 22 123 to Dec. 21	1937
. DATE OF BIRTH	(month, day, and year)	March 23,	1896	Hast saw h. im alive on December 21 ,19 37	; deeth is said
. AGE Yea	rs Months	Days	If LESS than	to have occurred on the date stated above, at 8:30 Pm. M.	
4	1 8	28	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:	Detectored
& Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc Laborer		Tuberculosis, pulmonary, chronic active, far advanced (3)	Date of one ot		
ID. Data daceas	businass in which s dona, as SILK MILL, LL, BANK, atc	II. Total tin	industries (years) in this Unknow		
2. BIRTHPLACE (cit	ntry)	aly	**********	Other Coatribatory Cases of Importance: Dementie Praecox, Hebephrenic type	Unknow
13. NAME	Joseph Vetere				
(State or	(city or town)	, Y		Nama of operation Data of Data of What tast confirmed diagnosis? Paports Was there an au	topsy7 No
15. MAIDEN NA	ME Unknown			23. If death was dua to externel causes (VIOLENCE) fill in also the following:	
15. MAIDEN NA 16. BIRTHPLACE (State or	(city or town)Ital	.y		Accident, suicida, or homicida? Data of injury	, 19
17. INFORMANT Hospital records (Address)				(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	CE.
8. BURNAL, EREMAT Place Fai	rmont, W. Va.	Data Dec	22 ,19 37	Mannar of injury ———————————————————————————————	
19. UNDERTAKER _ /	PENNINGTON & S lavre de Trace	SON	, ,	24. Was disaase or injury in any way related to occupation of deceased?	H
20. FILED 12/2		To I Sa	nden/ Registrar.	(Signed) The Chinical Direct	M. D.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis -	3 days ago	
Other contributory causes of importance:	3			
Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	
*** day				

ADDITIONAL SP	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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2

SICIANS should state Exact statement of OCCUPAsupplied. AGE should be stated EXACTLY See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. mation should

N. B.-WRITE PLA

		STATE C	OF MARY	YLAND-	CERTIFICATE OF DEATH	1230:
1	PLACE OF	PEATH			<u> </u>	4 = 10 =
	County	self of	WITHIN	CORPORATE	Registration Dist. No.	2
	Village or Cit	ty leekel	on		No. Union Hospitalsi,	Ward
	Length of resid	ence in city or town whare	death occurred	yrs,mo	If death occurred in a horpital or institution, give its NAME instead of street and s	number) mosds
2	FULL NAM				Walls	
	(a) Residence	e: No.			St., Ward.	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PERSONA	AL AND STATIST	(Usual place o		If nonresident give city or town an	d State
3. S		4. COLOR OR PRICE	5. SINGLE, MARR		MEDICAL CERTIFICATE OF DEATH	
		White		(write the word)	21. DATE OF DEATH Selenfer (Day)	, 193 Z
5a. I	f married, widowe HUSBAND of (or) WIFE of	d, or divorced	0	1	22. I HEREBY CERTIFY, That I ettendad	deceased from
		10.			, 19, to	
6. D		nonth, day, and yeer Months	Center/	-/93	I last saw h alive on	; death is seid
"."	06 7001	Mondis	Days	I day,hrs.	to have occurred on the deta stetad above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
_1	8. Trade profess	ion or particular	2	ormin,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance wera es follows:	Date of onset
O.	kind of wo	ion, or particuler ork done, es SPINNER, BOOKKEEPER, etc.	Hone		4 months freles	
PAT	9. Industry or business in which				Haul tom	
5	SAW MILL	done, as SILK MILL, , BANK, etc				
8		l last worked et ation (month and	II. Total tim	in this		
	year)	9 '	ocaup	pation	Other Contributory Causes of importanca:	
12. 1	BIRTHPLACE (city (State or count)		Mape	Cal		
00	h	outer	n mayy	laced 1		
FATHER	13. NAME	nomice will	using Ju	alle		
FA	14. BIRTHPLACE (State or co		Reglace	<u></u>	Nama of operation Data of	
~	15. MAIDEN NAM	1 14.	00:11	1 2 41	What test confirmed diegnosis? Was there an	
Ξ -		- Arcun cus	degreff	- Bull	43. If death was due to external causes (VIOLENCE) fill in also tha followin	
WO	16. BIRTHPLACE (State or c	city or town)	laitaffer		Accident, suicide, or homicide? Data of injury	, 19
	•	101-1 Q	Al 10	100	Where did injury occur? (Specify city or town, county and Sta	ite)
17. 1	(Address)	Sarah Isi	at a	alla	Specify whather injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	ACE.
(Address) Middle Town, WEL, 18. BURIAL, CREMATION, OR REMOVAL			crown	, Na,	Manage of Latin	
	Place		Oate Dec.	/	Manner of Injury	
10 1	NDERTAKER	non	c.l.		24. Was disaase or injury in any way related to occupation of deceased?	
20, 0	(Address)		≪.E		If specify the Cons	R
20. F	ILED DEC	9,1937 4	must	mouses	(Signad) They waris m	W. M. D.
700)		'//	25.154.10.67	Registrar.	(Address) Cherchely W.	
		If more	blanks are needed, add	dress State Registrar.	2411 N. Charles Street, Baltimore, Requesting T) S No. 2	

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E	xample I		Example II	
The principal cause of dea of importance were as follows:	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVE	01915	Attack of epilepsy	1 week ago
Chronic interstitiat nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	JAN 5 1938	July 5,1927	Peritonitis	3 days ago
Ī	BUREAU Y.	5.		
Other contributory causes	of importance:		Other contributory causes of importance:	2.5
Gallstones		May 1,1923	Gustroenteritis	1 year

ADDITIONAL SPACE FO	R FURTHER STATEMENTS	BI PHISICIAN

WEDGY BERGO

WRITE

MARGIN RESERVED FOR BINDING

OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLAC	CE OF DE	ATH		-	(88)	
Count	ty C	ecil			Registration Dist. No. 96	
Villag	e or City	Veterans!	Administr	ration Fac:	ili w., Perry Point, Md. St., Ward	
				(II	death occurred in a hospital or institution, give its NAME instead of street and number) 21 ds. How long In U.S. if of foreign birth?	
2. FULL	NAME	WARREN	. Jos	seph G.	If U. S. Veteran, specify WAR World War	
					O.C.st., Ward.	
(a) N	residence. No	. 010 - 00	(Usual place	of abode)	If nonresident give city or town and State	
PER	SONAL A	ND STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX		white	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH December 20 ,193 7 (Month) (Day) (Year)	
5a. If married	, widowed, or d	livorced			(month) (vay) (teal)	
HUSBAN (or) WIF	FE of				22. I HEREBY CERTIFY, That I attended deceased from July 29 19 37, to ec. 20 19 37	
6. DATE OF I	BIRTH (month,	day, and year)	Feb. 18,	1892	I last saw h. im alive on December 20 , 19 37; death is said	
7. AGE	Years	Months	Oeys	If LESS than	to have occurred on the date stated above, et 9:35 A.M.	
	45	8	27	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
Z 8. Trade	e, profession, or	r particular ne. as SPINNER	Wooh		were as follows: Unknown Unknown	
		ne, as SPINNER, KEEPER, etc.	MECH	inist		
d January	etry or busines ork was done,	as SILK MILL.	Railroa	d e		
U 10. Oate	AW MILL, BAN deceased last	worked at		ime (years)		
The same of the	his occupation (month and	Unka	ntin this		
- 0-2		Wesh	ington		Other Contributory Causes of Importance:	
	ACE (city or tove or country)	vn)	ington D.C.		Deep abscess, right femur	
≃ 13. NAME		mas F. War	rren - de	ceased		
I			ashington		Incision and curettement Name of operation of deep abscess Oate of 12-18-37	
A 14. BIRTI	HPLACE (city o State or country		D.C.	2	Name of operation. Or usep abscess Date of 12-18-37	
-	EN NAME		ith Warr	en	What test confirmed diagnosis reports Was there en eutopsy? No.	
T .		T			23. If death was due to external causes (VIDLENCE) fill in also the following:	
	HPLACE (city o State or country		ryland	gomery Co.	Accident, suicide, or homicide?	
- (,,			Where did injury occur? (Specify city or town, county and State)	
17. INFORMAI		spital rec	ords	- ******************	Specify whether Injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURHAL, C	REMATION O		2 2	50 50	Manner of injury —	
Plece_	wash	ington, D.	Date Dec.	20 19 37	Nature of injury	
19. UNOERTA	KER OTT	10s D-3	urnor	19	24. Was disease or injury in any wey related to occupation of deceased? No	
(Addr	ess) 301	Cantant	St. Wash	.D. C.	If so, specify a C.E.H.	
20 51/50	12/20/3	7. 6.7!	Klick	en,	(Signed) Francis M. D.	
ZU. FILEU		-, 19		Registrar.	(Address) Vet - Acm - Facility Ferry Potnt	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis 100 5	1921	Run over by street car'	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis -	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	*Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MADVI AND—CERTIFICATE OF DEATH

	1. PLACE OF DEATH	TO DEATH
1	County Corporate Village or City Elston	Registration Dist. No. 92 Registration Dist. No. 92 Ward
/	Length of residence in city or town where death occurred wrs. mos	f death occurred in a hospital or institution, give its NAME/instead of street and number) ds. How long in U.S. if of foreign birth?
	(a) Residence: Np. ———————————————————————————————————	St., De Gwald
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX. 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrighthe word)	21. DATE OF DEATH /2 /9 ,193 (Year)
	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
ite.	6. DATE OF BIRTH (month, day, and year) 12 49-37	1 last saw h 12 -alive on 12 - 19 1937; deeth is said
certificate	7. AGE Years Months Deys If LESS than 1 day,hrs.	to heve occurred on the date stated above, at
of ce	8 Trade protection or particular	Date of onset
back	Kind of work done, es SPINNER SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, es STLK MILL, SAW MILL, BANK, etc. 10. Bate deceased lest worked at this occupation (month end	En ustation
on	TD. Bats deceased lest worked at this occupation (month end year)	8 , 200 / - 20000001
instructions	12. BIRTHPLACE (city or town) 2004. (State or counts)	Other Contributory Causes of importance:
instr	13. NAME TUS Declinion. 14. BIRTHPLACE (city or town). Wisconsin	
See	4 14. BIRTHPLACE (city or town) Windows (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?
ıt.	15. MAIDEN NAME May Estel Lloys	23. If death was due to external causes (VIOLENCE) fill in also the following:
important	15. MAIDEN NAME May Estel Lloyd 16. BIRTHPLACE (city or town) Mary Saul Lloyd (State or country)	Accident, suicide, or homicide?
very in	17. INFORMANT Gutas Wedware (Address) Election and	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
<u>.02</u>	18. BURIAL, CREMATION, OR REMOVALCEMENT Sec 20, 1937	Manner of Injury
TION	19. UNDERTAKER 74. Coping	24. Was disease or injury in any way releted to occupetion of deceased?
	20. FILED Secro, 1937 & Braun Drew Registrar	(Signed) (Address) Land M.D.

-WRITE PI S. No. 1

PHYSICIANS should state JRD. Every item of infor-

NLY, TH UNFADING INN-IIIIS IS STATED TO THE STATE THE PHYSICIANS be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS

CAUSE OF DEATH in plain terms, so that it may be

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FOR BINDING

MARGIN RESERVED

of OCCUPA.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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terms,

UNITED STATES STANDARD CERTIFICATE OF DEATH

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Example 1			Example II		
The principal cause of importance were	e of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	11165.5 1 5 5 1	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	JAN 5 1000	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory	causes of importance.		Other contributory causes of importance:		
Gallstones	ttl la 🚎	May 1,1923	Gastroenteritis	1 year	
				1	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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7-8-2	
 29	

ABILE

mation

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12912
1. PLACE OF DEATH	160-E) (M)
County Clerk	Registration Dist. No.
Village or City near Elkton	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Wieber	1f U. S. Veterap, specify WAR
(a) Residence: Np.	St., Ward. Germontown. Pa.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (aurie the word)	21. DATE OF DEATH (Month) (Dey) (Year)
5a. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, dey, and year) Nov 29-1937	I last saw h alive on alive (/ ,19 37; deeth is seid
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at 24 P. m.
14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Convulsions
SAWYER, BDDKKEEPER, etc	(probably intro crawial
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	hemonhoge)
10. Date deceased last worked at this occupation (month and spent in this	
yeer) occupation	Dther Contributary Causes of importence:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Jack Wieberg	
13. NAME Jock Wieberg 14. BIRTHILACE (city or town) Pa,	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Grace E. Warren	23. If death wes due to external causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town).	Accident, sulcide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Jack William & Germanton Pa	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Wilm, Del Date Net 13, 1937	Nature of injury
19. UNDERTAKER H. Lu. Lyppin: 9 Sons Sur (Address) Elliton Ind En Billion	24. Was disease or injury in any wey related to occupation of deceased?
20. FILED EC 12, 1937 Braus Frag. Registrar.	(Signed) Rebert Bole M. D. ((Address) Reklon 2016
	2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1	Fi	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 5 1938			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDIN

FOR

V. S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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